

APVR-RPTM-PO-UCC

10 February 2005

MEMORANDUM FOR John R. Mitchell, G-3, Plans and Operations Division,
USARAK Command Center, Fort Richardson, AK 99505


SUBJECT: Leave Requirements

1. This is in response to your E-Mail message, subject; Medical Notes, that I received on 07 February 2005. At the bottom of your message as a note to the Occupational Health Nurse you state "I wish to keep you informed of my status so I can have a health care professional explain to my status to Operations Manager of the Command Center as he is incapable of understanding the last doctor's note on his own." Mr. Dunn is the Operations Manager of the Command center and I consider your statement rude and insulting. I advise you that further statements of this kind will result in my taking appropriate disciplinary action against you.
2. Your message states that "I will not be taking any phone calls or visits except from family, medical personnel, and my legal advisor. This is because I am not to be stressed in any way." Nothing you have provided me excuses you from following the correct procedure for requesting leave. As of 22 January 2005 you had 36.5 hours of sick leave and 80.5 hours of annual leave. As of 9 February 2005 you had used 55 hours of leave. Your sick leave is gone and you are currently on annual leave.
3. Your message also states that "Also, please inform Mr. Dunn that I am covered by HEPA." I believe you meant HIPAA, which stands for the Health Insurance Portability and Accountability Act of 1996. Nothing in HIPAA precludes me, as your supervisor, from requiring you to provide medical documentation sufficient to make informed decisions as to approving leave.
4. The medical documentation you have provided is very sketchy, tells me nothing of your limitations, or when you can report back to work in a full capacity. I am directing you to contact me upon your receipt of this message to confirm your leave status and the status of your medical situation.
5. You are entitled to 12 administrative workweeks of unpaid leave during any 12-month period for a serious health condition that makes you unable to perform the essential duties of your position under the Family Medical Leave Act of 1993 (FMLA). I am requiring you to provide appropriate written medical certification before I will approve your use of leave under FMLA. Such medical documentation at a minimum shall include the date the serious health condition commenced, the probable duration of the serious health condition, and the appropriate medical facts within the knowledge of the health care provider regarding the serious health condition, including a general statement as to the

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Incapacitation, examination, or treatments that may be required by a health care provider. I will consider approving leave under FMLA if you provide me documentation showing you are incapacitated and awaiting medical tests and/or appointments. For your convenience, I have enclosed a Form WH-380, Certification of Health Care Provider, which may be used by your doctor to provide the necessary medical information. I have also included a copy of your job description which may be of use to your doctor.

A handwritten signature in cursive script, reading "David A. Moore".

DAVID A. MOORE
Emergency Actions Controller